

Students who wish to suggest a work experience placement, will need to have this form completed by both the 'employer' and your 'parent'. We will only allow you to do work experience with an employer or organisation that has Employers Liability (Compulsory) Insurance (ELI). Getting the employer to attach a photocopy of their current policy or a scan of it if this form is returned by email will allow us to approve your placement. If this is not possible, ensure section 5 is complete, otherwise we may have no alternative to decline the placement. All sections must be completed clearly, so please write in print.

**Employer's Page** – Thank you very much for offering to host a student on work experience and supporting the school. Please complete sections 1-5. We will try to keep the administration to a minimum and are hoping that most of this exchange of information will be electronic. For any queries the Work Experience co-ordinator can be contacted by email; [michelle.turton@cockshuthill.org.uk](mailto:michelle.turton@cockshuthill.org.uk)

<b>Section 1:</b> Organisation name: <input style="width: 600px; height: 25px;" type="text"/>			
Department:	<input style="width: 95%; height: 25px;" type="text"/>	Approx no. of employees:	<input style="width: 45%; height: 25px;" type="text"/> Male <input style="width: 45%; height: 25px;" type="text"/> Female
Address: <input style="width: 800px; height: 40px;" type="text"/>			
Name of contact:	<input style="width: 300px; height: 25px;" type="text"/>	Position:	<input style="width: 300px; height: 25px;" type="text"/>
Tel:	<input style="width: 250px; height: 25px;" type="text"/>	E-mail:	<input style="width: 450px; height: 25px;" type="text"/>
<b>**Signature on behalf of the organisation:</b> .....			<b>Date:</b> .....

<b>Section 2:</b> Pre Health and Safety Check - have you taken work experience students before? Yes / No	
If yes, please complete the box below, giving details of the school(s) or Local Authority who arranged it:	
Organisation name: _____ <i>(School or local authority)</i>	
The year you started taking work experience students: ____ / ____ / ____	

<b>Section 3:</b> The Right Start is the Health & Safety Executives short introduction to the employer's responsibilities. This may have been emailed to you or you can access it at: <a href="http://www.hse.gov.uk/pubns/indg364.pdf">http://www.hse.gov.uk/pubns/indg364.pdf</a> . Can you please confirm by putting at <b>Y (for YES)</b> in the box to indicate that you have read it and made a copy available to anyone who will be supervising the student while they are with you. <input style="width: 40px; height: 20px;" type="checkbox"/>
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<b>Section 4:</b> Please indicate the type of work the student will be undertaking:  _____
Hours of work: _____ Dress code: _____

<b>Section 5:</b> Employer's Liability (Compulsory) Insurance:
Name of Insurer: _____ Policy No: _____
Date of Issue: ____ / ____ / ____ Date of Expiry: ____ / ____ / ____
<b>Please can you attach a photocopy or a scan of your current ELI policy certificate. Mainframe Ltd will conduct safety checks on behalf of Cockshut Hill School.</b>

**Parent's Page**

Student name:

Home Tel No:

Cockshut Hill School (Stratford Building)  
Tel: 0121 289 5900  
Contact: Mrs Michelle Turton  
Email: michelle.turton@cockshuthill.org.uk

Gender:

House and Form Group:

Student school email address: \_\_\_\_\_@cockshuthill.org.uk

Students age on first day of work experience:  yrs  mths  
(1st- 5th July 2019)

**How did you find the placement?**

School	<input type="checkbox"/>	Neighbour	<input type="checkbox"/>	Did you write a letter	<input type="checkbox"/>
Friend	<input type="checkbox"/>	Website	<input type="checkbox"/>	Did you visit the employer	<input type="checkbox"/>
Relative	<input type="checkbox"/>	Telephone	<input type="checkbox"/>	Other	<input type="text"/>

**Parental consent:**

Why are you recommending this placement? Do you know the placement? if yes, how long have you known them? We need all the assurances you can give us and good reasons why you think your son/daughter will be safe and well looked after.

Parents' name:

Tel:  
Email:

Signature.....

Please return this form to: **Mrs Michelle Turton, Careers Leader, Stratford Building**  
Email: **michelle.turton@cockshuthill.org.uk**  
Post: **Cockshut Hill School, Cockshut Hill, Yardley, Birmingham, B26 2HX**